MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

serial no. 10/ *5*77655 FILING DATE

APPLICANT(S)

CLAIMS

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	AS FILED		AFTER 1"AMENDMENT		AFTER 2 " AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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